

Testimony before the Insurance and Real Estate Committee

FIR

March 12, 2013

In Support of

HB 6612 AN ACT CONCERNING THE HEALTH INSURANCE GRIEVANCE PROCESS FOR ADVERSE DETERMINATIONS, THE OFFICE OF THE HEALTHCARE ADVOCATE AND MENTAL HEALTH PARITY COMPLIANCE CHECKS

Good afternoon/evening Senator Crisco, Representative Megna and Members of the Insurance and Real Estate Committee,

My name is Ann Nelson. I am the parent of a 19 year old daughter, Emmy, who has been diagnosed with a serious mental illness since the age of 7. I am grateful to have the opportunity to testify in **favor** of HB 6612, *An Act Concerning the Health Insurance Grievance Process for Adverse Determinations, The Office of the Health Care Advocate and Mental Health Parity Compliance Checks*. I support this bill because it provides a greater assurance to the mental health consumer- my daughter- that insurance companies will be held accountable to our state and federal mental health parity laws.

Since the age of 7, Emmy has received every possible diagnosis in the psychiatric manual including attention deficit hyperactivity disorder (ADHD), childhood onset bi-polar disorder, anxiety, oppositional-defiant disorder, psychosis and rule out schizophrenia. During the past 12 years, she has been hospitalized three times, each for a period of over 30 days, in addition to being institutionalized in a residential setting for more than 6 years. I have advocated relentlessly for quality mental health care for my daughter, and have found the private managed care industry to be the largest stumbling block to obtaining the appropriate care for my daughter. They incessantly failed to authorize the necessary inpatient, as well as evidence-based outpatient treatments for Emily, citing various **arbitrary** reasons including but not limited to:

- the treatment is not medically necessary,
- she does not meet the criteria for inpatient admission or on-going hospital stay,
- she has been admitted recently, so we are allowing her only 48 hours of inpatient stay,
- we do not cover community-based services,
- perhaps a neighbor or family member could take care of her.

As a result of our private insurance company's refusal to pay for Emmy's contracted mental health services, our family turned to the Department of Children and Families' (DCF) Voluntary Services Department for my daughter's mental health treatment which resulted in a significant cost shifting from the private sector to the State of Connecticut.

This bill would provide a clearer system of oversight and accountability for private insurance companies to offer appropriate timely and evidence-based mental health care for Connecticut's most vulnerable individuals living with a mental illness-like my daughter- in the following ways:

- Uses standardized criteria across all mental health/substance use reviews and determinations,
- Articulates that all determinations concerning mental health treatment for a child/adolescent be conducted by a clinical peer who holds a national board certification in child and adolescent psychiatry or child and adolescent psychology, and has training or clinical experience in the treatment of child and adolescent substance use or child and adolescent mental disorder.

- Includes a requirement that all adverse determinations be in writing and include a listing of any clinical review criteria as well as a description of the health care carrier's standard that were used in reaching the denial, as well as provide notice that the insured individual can appeal the decision, and contact the Office of the Healthcare advocate for free assistance on the appeal process.
- A requirement that the Insurance Department report on its methods of checking compliance with the federal Mental Health Parity Act and also report the results of these compliance checks.

Our state and national legislators have crafted superb legislation that ensures that individuals living with a mental illness can receive mental health care in an equitable fashion to those living with other biologically based illnesses such as diabetes, cancer and heart disease. Mental health treatment works, with a 70-90% chance for optimal recovery. I ask you to join me, The Office of the Health Care Advocate and all others testifying before you today in support of HB 6612 which will no longer allow the private insurance industry to indiscriminately and arbitrarily deny access care to those living with mental illnesses.

With gratitude and hope,

Ann Nelson, Mother
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